

Race Horse Owner's & Trainer's Commercial General Liability

THE EQUESTRIAN GROUP
 P.O. BOX 9957 PHOENIX, AZ 85068
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Producer: _____ Number: _____
 Policy and/or Renewal #: _____
 Desired Effective Date: _____

Applicant: _____ Farm Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Person: _____

Past and/or present Insurance Company: _____ **Last Year's Premium:** \$ _____
 Does Insured: Own Lease *Ownership:* Individual Corporation Partnership Other (explain): _____
 Pay Plan Desired? Yes No Two-Pay Three-Pay Four-Pay *(Broker must submit Payment Plan sheet with request to bind.)*

Equestrian Commercial General Liability

Each Occurrence Limit	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000
Double Aggregate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Products and Completed Operations
Excess Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal Endorsement
Excess limits:	\$1m <input type="checkbox"/> \$2m <input type="checkbox"/> \$3m <input type="checkbox"/> \$4m <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

List Additional Insureds with relationship descriptions. (Employees are Not Qualified.)

<i>Name:</i> _____	<i>Address:</i> _____	<i>Relationship:</i> _____
1. _____		
2. _____		
3. _____		
4. _____		

Has the applicant had any liability claims or reported incidents in the past three years? Yes No
Explain all claims and reported incidents for the past three year period. Give dates, cause of loss, and amount paid:

Has coverage been denied and/or cancelled in the past three years? Yes No
If yes, explain:

Definitions and Instructions

- **COMMERCIAL GENERAL LIABILITY:** Coverage for Commercial Equine Activities, which are both declared on the application and approved by AEIG.
- **DOUBLE AGGREGATE:** Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.
- **EXCESS LIMITS:** Increases the per occurrence and aggregate limit. Primary limits of 1mm per occurrence and 2mm aggregate are required.
- **PRODUCTS AND COMPLETED OPERATIONS:** Coverage for instances when a product you are responsible for causes bodily injury or property damage.
- **PERSONAL HORSE OWNER'S COVERAGE:** Provides coverage for personal, non-commercially owned pleasure horses both on and off premises.
- **ADDITIONAL INSURED:** List Land Owners and/or Owners of facilities leased, etc. Spouses are covered automatically, but if children are of legal age and are part of your commercial operations, they need to be listed as Additional Insureds. Independent Instructors / Trainers and Employees are not qualified. (An Employee is an insured while working within their job description.)
- **CARE, CUSTODY & CONTROL:** CCC coverage is to protect you in the event of a lawsuit claiming negligence by you or an employee resulting in the injury or death of a horse that is in your Care, Custody and Control. There is NO Coverage provided under the Commercial General Liability for other people's horses in your care.

Remember: *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be approved. Any events or activities not described/disclosed are not covered.*

Note: All applications are subject to review and premises subject to inspection by the insurance carrier representative at any time during the period of coverage. Please print all responses. All operations and exposures must be declared.

How many years experience in the racing industry: _____

Briefly describe equestrian activities: _____

In which states do you hold a racing license and type: _____

Are State Equine Liability signs clearly posted if applicable: Yes No

Fencing: Is all fencing in good condition? Yes No

Describe security measures and type of fencing utilized to prevent horse(s) from coming into contact with public roads: _____

Describe security measures utilized to prevent horse(s) from coming into contact with the general public: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Horse Owner's Yes No

Race horses and/or horses in race training which you or your business own. Maximum: _____ Average: _____

Non-Racing horses (breeding / ponying etc.) which you or your business own. Maximum: _____ Average: _____

Breeding Yes No

What is your average Stud Fee charged: \$ _____

Total number of stallions standing stud on your premises: _____ Total number of stallions, which you own or have partial ownership, standing at stud off premises: _____

Total number of mares covered annually on premises: _____ Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No

What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____

Average number of horses on: Full Board: _____ Pasture Board: _____

Monthly charge per horse: Full Board: \$ _____ Pasture Board: \$ _____

Horse Sales Yes No

How many horses do you sell annually: Owned by you: _____ Owned by others: _____ Total: _____

Average value of horses sold: Owned by you: \$ _____ Owned by others: \$ _____

Training Yes No

Number of horses in for training: Maximum: _____ Minimum: _____ Yearly Average: _____

Please give a brief description of operation: _____

Do you own dogs? Yes No If yes, how many, what type, and for what purpose: _____

Are other dogs permitted at your facility? Yes No

If yes, please explain your policy regarding dogs: _____

Has any dog which you own or on your premises bitten or caused injury to anyone. (If yes, attach details on a separate page.) Yes No

Other animals on premises Yes No If yes, describe: _____
Hunting on premises? Yes No If yes, by: Owners Others Do you charge a fee? Yes No
Swimming pool on premises? Yes No Do you have a security fence around your pool? Yes No

Is **CARE, CUSTODY & CONTROL (CCC)** coverage desired? Yes No
 If you selected "No", please sign here to verify that CCC coverage has been explained to you and you have opted to decline the coverage: _____

The rates below include "Transportation Coverage" for transportation of non-owned horses in your care while in the Continental U.S. and Canada.
(Excludes Licensed Commercial Haulers.)
Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.
Select from the limits below.

	<i>Maximum Limit Per Horse</i>	<i>Aggregate Limit Per Policy</i>
<input type="checkbox"/> 1) Limit:	\$25,000 Per Horse /	\$250,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 2) Limit:	\$50,000 Per Horse /	\$300,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 3) Limit:	\$100,000 Per Horse /	\$300,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 4) Limit:	\$100,000 Per Horse /	\$500,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 5) Limit:	\$250,000 Per Horse /	\$500,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 6) Limit:	\$250,000 Per Horse /	\$1,000,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 7) Limit:	\$500,000 Per Horse /	\$500,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 8) Limit:	\$500,000 Per Horse /	\$1,000,000 Maximum Loss Per Policy Year

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No
(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): _____
 Maximum number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): _____

Do you transport horses for others: *(Coverage not provided for Commercial Haulers.)* Yes No

If Yes, type and capacity of your horse trailer: _____

Are your horse trailers in good repair and on a proper maintenance program: Yes No

How often and for what reasons do you transport horses for others: _____

ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES

Breeding: \$ _____ Boarding: \$ _____ Horse Sales: \$ _____
 Training: \$ _____ Other (): \$ _____ *(Explain activity below.)*
Total Annual Gross Revenue: \$ _____

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.
(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.
 I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage.

(Must be signed and dated)

Applicant's Signature: _____
 Print name: _____ Date: _____